

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/510045

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30	/		/				80						
31	/	/	/	/			81						
32	/	/	/	/			82						
33	/	/	/	/			83						
34	/	/	/	/			84						
35	/	/	/	/			85						
36	/	/	/	/			86						
37	/	/	/	/			87						
38	/	/	/	/			88						
39	/	/	/	/			89						
40	/	/	/	/			90						
41	/	/	/	/			91						
42	/	/	/	/			92						
43	/	/	/	/			93						
44	/	/	/	/			94						
45	/	/	/	/			95						
46	/	/	/	/			96						
47	/	/	/	/			97						
48	/	/	/	/			98						
49	/	/	/	/			99						
50	/	/	/	/			100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	38	←	38	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	40		40				TOTAL CLAIMS						